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ABSTRACT

This paper presents the Primary Prevention Model for Counselors, a model which can be used in counseling interventions and in training programs in counseling psychology. The model is based on three dimensions of critical importance to primary prevention--prevention type, method, and ecological focus. Units within each dimension are described as interactions which yield classifications of primary prevention strategies and subsequently generate concrete primary prevention interventions. The utility of the model is demonstrated by applying the model to five actual case examples of interventions: (1) a prevention program preparing patients for the stress of surgery; (2) a preventive intervention program for university freshmen; (3) an environmental consultation intervention project in a university residence hall; (4) a mental health consultation technique used in an Israeli army base; and (5) a workshop aimed at the prevention and management of stress in school personnel. Basic strategies of each case are analyzed by the model and results are used in a discussion of implications for practice and training in counseling psychology. (NRB)

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Primary Prevention:

A New Direction for Counseling Psychologists

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Running Head: Primary Prevention

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[1]This paper was prepared while the author was on sabbatical as a Visiting Scholar in the Community Psychology program and the Counseling Services at the University of Michigan.

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Abstract

Primary prevention is a new direction in the mental health delivery system. Its goals and strategies have been defined globally. Missing, however, is the explicit development of a coherent model of primary prevention for counselors, one which can be used to generate counseling interventions and to apply to existing training programs in counseling psychology. This paper presents one such attempt, called the "Preventive Counseling Model" (Conyne, 1980). This model is then used to analyze five case example interventions positively associated with primary prevention. Implications derived from this exercise are presented in relation to the model itself and to practice and training in counseling psychology.

Primary Prevention:
A New Direction for Counseling Psychologists

The Report of the Task Panel on Prevention Submitted to the President's Commission on Mental Health (Albee, et al., 1978) made both a conceptual and political case for the role of primary prevention in mental health delivery systems. Its influence apparently was felt as witnessed by the President's subsequent mental health legislative recommendations which, in part, placed an emphasis on primary prevention activities.

"Primary prevention" was defined in the Report as:

> ... a Group of approaches that share the common objective of (1) lowering the incidence of emotional disorders (i.e., the rate at which new cases occur) and (2) promoting conditions that reinforce positive mental health. Primary prevention, in concentrating its efforts on promotion and maintenance of competence, is distinguished from traditional mental health services designed to identify, treat, or rehabilitate persons already disturbed (Kessler & Albee, 1975; Albee & Joffe, 1977; Bloom, 1977; Cowen, 1977; Klein & Goldston, 1977), (p. 1829)

This definition can be considered a statement of the general goals of primary prevention.

As Goldston (1977) pointed out, the goals of primary prevention are sought through two main strategies. The first he calls "strengthening

individual capacities and/or decreasing individual vulnerabilities," while the second strategy is termed "environmental modifications through planned social change." (p. 28) These strategies can be shortened to competency enhancement and environmental changes (Conyne, 1980).

Although the general goals and strategies of primary prevention have been developed, more specific and coherent directions for counselors (and other helpers) have yet to materialize. The concern here is related to what counseling interventions (Morrill, Oetting, & Hurst, 1974) exist or can be invented that would meet primary prevention goals? Once these interventions are clearly identified within the context of an integrated conceptual model, primary prevention as a new direction for counseling will be greatly advanced.

Statement of the Problem

In this paper, I offer a "Primary Prevention Model for Counselors" that is an attempt to identify counseling interventions having potential primary prevention effects within a coherent conceptual framework. This model is compared to what I label the "helping services paradigm," which is comprised of "individual, remedial, direct service" counseling. The "Preventive Counseling Model" is used to analyze five case examples of "non-traditional" counseling interventions that are presented. Implications for practice, and for training in counseling psychology, are drawn from this exercise.

Subjects (Cases) Used

The five counseling intervention case studies are as follows:

Case 1: A preventive program aimed at preparing a group of patients for the stress of surgery (Egbert, Battit, Welch, & Barrett, 1964) summarized as follows (adapted from Heller & Monahan, 1977):

> ... information was given regarding the impending operation and their (Patients') possible reactions and experiences during the recovery. The group of 97 patients were all to receive abnormal operations. They were all visited the night before the operation by the anesthetist who described the anesthesia, the time and duration of the operation, and told the patients that they would wake up in the operating room. The control group (51 patients) received no further information. The 46 experimental group patients received further instruction concerning post operative pain. They were told about its severity and duration, and were instructed in simple exercise that would help their abdominal muscles. Finally, they were encouraged to request medication should they find it difficult to achieve a reasonable degree of comfort. (pp.215-216)

Results of the study favored the experimental group. They used less medication and were discharged earlier than patients in the control group who received contact from the anesthetist but no instructions in pain anticipation and control.

Case 2: A preventive intervention program with university freshmen, summarized as follows (Bloom 1971):

> A preventive intervention program with university freshmen ... had as its objectives the development of greater emotional maturity, more successful adaptation to the college community, less psychological disability, and fewer drop-outs. By means of interactive process using special questionnaires, which were distributed and analyzed, the participating students were provided with membership in a group which had psychological reality, were given some reference facts with which to compare themselves, and were given some intellectual tools by which they might better understand the stresses acting on them and their reactions to these stresses. (p. 235)

Case 3: An environmental consultation intervention project in a university residence hall, summarized as follows (holahan, 1977):

> This ... case study of psychological consultation provided by a university counseling center working with university administrators in a student housing setting to evaluate the psychological impact of design changes in the communal dining area of a high-rise dormitory. Two research strategies were employed in the evaluation: (a) A self-report measure of satisfaction was administered to a total of 564 students in a prechange-postchange format and (b) behavioral changes were assessed through observations of 676 students in changed and unchanged areas of the setting. Results indicated that

> the design changes were highly successful in terms of improving the opportunity for social contact, increasing privacy, and diminishing the overall institutional appearance of the setting. Implications are drawn concerning the role of the counselor as an environmental consultant. (p. 251)

Case 4: A mental health consultation technique that was designed as a preventive intervention and used in an Israeli army base. It is adapted from a summary by Raviv (1978), as follows:

> Two groups of Israeli female soldier-teachers, not raised in the psychological skills of a counselor, were given nine mental health consultation sessions each (Altrocchi, Spielberger, & Eisdorfer, 1965; Caplan, 1970). These consultations focused on differences of attitude between the teachers and the commanders of the men they teach, on the discomfort felt both by teacher and their pupils in conversation on anxiety-arousing subjects, and on adaptation problems. Follow-up discussions indicated that after the sessions, the sensitivity of the teachers to what was taking place in the interactions between them and the soldiers increased. The teachers reported an increase in their self-confidence and in some cases their students showed readiness to discuss personal problems connected with their lack of education and consequent low status in the army more than they did before. (p. 383)

Case 5: A workshop aimed at the prevention and management of stress in classroom teachers and school administrators. The summary below is adapted from Sparks and Ingram (1979):

> Large numbers of teachers and administrators are experiencing stress and tension in their work (Sparks, 1979). The goals of the workshop on stress prevention and management are: a) to reduce isolation; b) to identify sources of job satisfaction and job related strengths; c) to identify sources of job-related stress; and d) to formulate a tentative plan and action steps to prevent or alleviate stress. Through these workshops, teachers and administrators have clarified problems, acquired information and skills, and developed a sense of potency that will be helpful to them now and in the future.

Procedure

Each of the five cases will be analyzed using the "Primary Prevention Model for Counselors: General Form" presented below (Conyne, 1980):

Insert Figure 1 about here

This model is based on three dimensions that are critical to primary prevention. These are: a) prevention type with its population at risk notion, that was derived from public health and applied by Bloom, 1977, to mental health; b) prevention method, i.e., whether an intervention

might be delivered face-to-face by a professional counselor to the target population or indirectly through others, for example, and c) prevention ecological focus, i.e., whether an intervention is oriented primarily to population improvement or to environmental modification. The units contained within the dimensions can interact fully to yield 12 classifications of primary prevention strategies, further, each of these strategies can be used to generate concrete primary prevention interventions. These strategy-intervention levels will not be a focus of this paper, however. Rather, the general form of the model will be used to analyze basic strategies of the case examples presented. Results will be used to discuss implications for practice and for training in counseling psychology.

Results

Case 1: The preventive pre-surgery intervention represents the strategy of Direct method x High risk type x Competency Enhancement focus to primary prevention. Here, the intervention was delivered directly by professional helpers to the target population as a means for competency enhancement.

Case 2: The preventive intervention program with university freshmen represents the strategy of Indirect method x Milestone type x Competency enhancement focus to primary prevention. Here, the intervention is mediated in method because the professional helpers use media (questionnaires) as the means of competency enhancement.

Case 3: The environmental consultation project in a university residence hall represents the strategy of Indirect method x Total population type x Environmental Change focus to primary prevention. Here, the intervention is mediated in method because it seeks to prevent certain dysfunctions for people through environmental design.

Case 4: The mental health consultation to soldiers-teachers at an Israeli army base represents the strategy of Indirect method x High risk type x Competency Enhancement focus to primary prevention. Here, the population at risk is considered to be the students, so the intervention is mediated in method.

Case 5: The stress prevention and management workshops for teachers and administrators represent the strategy of Direct method x Total population type x Competency Enhancement focus to primary prevention. Here, the population at risk is considered to be the teachers and administrators, themselves, so the interaction is direct in method.

Discussion

Several implications arise from the results of this exercise in fitting a model to actual case examples of interventions. First, it would appear that the utility of the model itself is demonstrated, thus suggesting that it has desired properties of construct validity. To the extent that this finding is accurate, related implications can be drawn.

The model can be used not only to analyze existing interventions, but to develop new ones. Further, the model can be used to consider

current and future practice in counseling psychology, specifically in relating to roles and training. What begins to become apparent from this perspective is the importance of the different (from those aligned with the "helping services paradigm") roles and supportive training that counseling psychologists will require in order to undertake primary prevention interventions.

Areas suggested are in: epidemiology, environmental and needs assessment, consultation, program development, evaluation research, skill training, group facilitation, team development, organization development, action research, and change advocacy. Others may be identified later as being equally, if not more, important. Regardless, the future will be most exciting for counseling psychology if primary prevention is taken seriously as a promising new direction.

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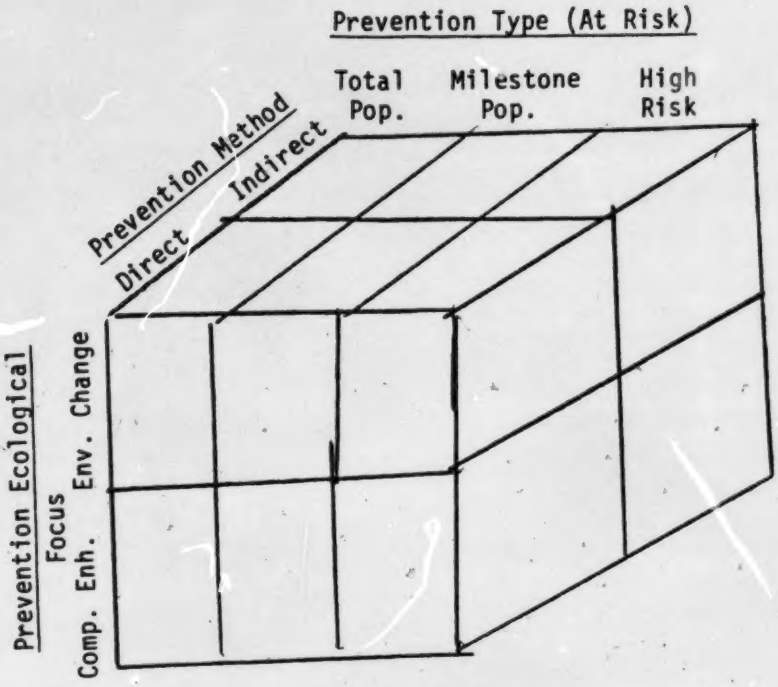

Figure 1. "Preventive Counseling Model": General Form